

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.*

Place of Birth Miami, Arizona County Hila

(Registration District)

Northern Inspiration Hospital

SEX OF CHILD* Female Twin Triplet or other? No and } Number in order of birth

I HEREBY CERTIFY that the child described herein has been named

DATE OF BIRTH* December 24, 1924
(Month) (Day) (Year)

Barbara Ann Stone
(Give name in full) (Surname)

FULL NAME Francis Oliver Stone
FATHER

Francis O. Stone
(Parent's Signature)

FULL MAIDEN NAME Lain M. Armstrong
MOTHER

225-1227-317
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M-8-42-Bower Co.